

1.13.95

JIM CLABBY
J.M. SORGE, INC.
50 COUNTY LINE RD.
SOMERVILLE, N.J. 08876

RE: MOA APPLICATION FORM

DEAR MR. CLABBY,
ENCLOSED PLEASE FIND THE DRAFT COPY
OF THE MOA APPLICATION.

PLEASE NOTE CHANGES TO FOLLOWING:
PART I, A. SITE NAME ; PART I, B.
NAME & FIRM ; PART I, F. DATES ;
PART II, A. NAME ; PART II, B. NAME

PLEASE MAKE ~~THE~~ AMENDMENTS TO ~~THE~~ FINAL
APPLICATION FORM ~~YOU~~ YOU WILL SEND TO THE NJ DEP. PLEASE
SEND ME A COPY OF THE FINAL APPLICATION.
IF ~~YOU~~ YOU HAVE ANY ?'S PLEASE
CALL ME @ _____



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